

# Refund Application Form



Student Details		
Student Name:		
Student ID:		
Email Address:		
Contact Number:		
Course Name:		
Course Start Date		
Reason of Refund:	<input type="checkbox"/> Student Visa Refused <input type="checkbox"/> Withdraw from Course <input type="checkbox"/> Other (Please Specify) _____	
Student Declaration:	I have read and understood the refund policy and course cancellation policy of EduNex Training.	
Payment Transfer to:	<input type="checkbox"/> Student	<input type="checkbox"/> Agent
Bank Account Details:		
Account Name:		
BSB:		
Account Number:		
Bank Name:		
International Bank Account (if applicable)		
Swift Code:		
Account Name:		
IBAN (International Bank Account Number)		
Bank Name:		
Bank Address:		
Student Signature:	Date: ____ / ____ / 20__	
For Office Use Only		
Amount Received:	\$ _____	Date Received: ____ / ____ / 20__
Less Application fee:	\$ _____	
Total Refund:	\$ _____	
Accountant Signature:		Date: ____ / ____ / 20__
CEO/RTO Manager Signature:		Date: ____ / ____ / 20__